PERSONAL INFORM	IATION								
LAST NAME	FIRST NAME	MIDD	LE INITIAL	U.S.	SOCIAL S	SECUR	ITY NUM	BER	<u> </u>
MAILING ADDRESS		(CITY	, ,	STAT	E	ZIP COI	DE	
HOME PHONE NUMBER		WORK PHONE N	JUMBER				GE	NDER	
		T T T							
EMAIL ADDRESS									
BIRTHDATE (MM-DD-YYYY)		FORMER LAST N	IAME(S)		HIGH	EST E	DUCATIO	NAL DE	GREE
ADDRESS, ON FILE WITH THE PHOTOCOPY OF THE LEGAL DO	CUMENT VERIFYIN	NG THE CHANGE							
COMPLETE THE FOLLOWING QUEDELIBERATE MISREPRESENTA CAN BE GROUNDS FOR DENIA	STIONS CAREFULLY A	AND COMPLETELY OMISSION OF A	BEFORE PRO\	/IDING INF					
Have you been convicted for □YES □NO			minor traffic v	iolations? F	Please <u>inc</u>	<u>clude</u> D	WIs.		
2. Do you currently have any our province, territory, and/or con ☐YES ☐NO		arges or warrants	of arrest pen	ding agains	st you? 1	his wo	ould inclu	de any s	state,
3. Is there action pending to revisive sheet of paper, list the agency inquiry. ☐ YES ☐ NO									
Have you ever had any adver suspensions, revocations, vol □YES □NO			ense? (Advers	se action in	cludes le	tters o	f warnin	g, reprim	nands,
5. Are you currently or have you licensing agency for allegation and telephone number as well ☐YES ☐ NO	ns of misconduct? If '	'yes," on a separa	te sheet of pa						
6. Have you ever been denied of Tyes NO	ertification? This wou	uld include any sta	ate, province,	territory, a	nd/or cou	ıntry.			
IF YOU ANSWERED 'YES' DETAILED STATEMENT O		•	• •	•					
7. Have you ever held a teachin	g certificate in anothe	er state?	□NO						
STATE 8. Are you currently under cont		ATION DATE	STA ska? _ YES			EXF	PIRATION	N DATE	
If yes, school district: _			, be	ginning co	ntract da	te:			

			OF A	LASKA		
THNICIT	Y					
□ ALASKA NATI □ ASIAN OR PA ISLANDER □ AFRICAN AME □ HISPANIC □ CAUCASIAN □ AMERICAN IN NATIVE AME □ OTHER	CIFIC ERICAN NDIAN/	ASIAN Soo Jap AFRIC Afri HISPA ori CAUCA No	A NATIVE: Any person having oriltural identification through tribal y person of Yup'ik, Inupiat, Aleut, I OR PACIFIC ISLANDER: Any persutheast Asia, the Indian Subcontipan, Korea, the Philippine Islands AN AMERICAN: (Not of Hispanic vica. NIC: Any person of Mexican, Puergin, regardless of race ASIAN: (Not of Hispanic origin); a orth Africa, or the Middle East. ICAN INDIAN/NATIVE AMERICAN: nerica (not including Alaska), and mmunity recognition.	affiliation or community r Athabascan, Tlingit, Haic son having origins in any nent, or the Pacific Island and Samoa. origin); any person having rto Rican, Cuban, Central ny person having origins Any person having origin	ecognition. This may in la, or Tsimshian origin. of the original peoples of las. This includes, for exit gorigins in any of the B American, or other Spatin any of the original people or good the o	of the Far East, ample, China, lack racial groups of nish culture or oples of Europe, peoples of North
POSITION IST TEACHING, A ECESSARY.			AND/OR SPECIAL SERVICES POS	SITIONS PREVIOUSLY HEL	.D. ATTACH AN ADDITI	ONAL SHEET IF
SCHOOL YEAR(S)	DAYS F YEAF		SCHOOL NAME	CITY, STATE	POSITION TITLE	SUBJECT/GRADE LEVEL(S)

RECORD OF TRAINING

OFFICIAL TRANSCRIPTS FROM ALL INSTITUTIONS LISTED BELOW MUST BE INCLUDED WITH THIS APPLICATION. LIST ALL COLLEGES/UNIVERSITIES ATTENDED TO COMPLETE YOUR DEGREE(S) AND APPROVED TEACHER PREPARATION PROGRAM(S). INCLUDE ALL COLLEGE COURSEWORK, INCLUDING COMMUNITY COLLEGE AND/OR TRANSFER CREDIT. OFFICIAL TRANSCRIPTS MAY BE OPENED, BUT NOT MARKED ON IN ANY WAY.

COLLEGE OR UNIVERSITY	CITY, STATE	DEGREE(S) EARNED	MAJOR/PROGRAM	YEARS ATTENDED

CFRTT	ETC	TE	CEL	ECTI	

EASE SE	LECT <u>ONE</u> OF THE CERTIFICATES BELOW. IF THIS SECT	ION IS L	EFT BLANK, THE ENTIRE APPLICATION WILL BE RETURNED.
	TYPE C REGULAR (5-YEAR) CERTIFICATE		TYPE C PROVISIONAL (2-YEAR) CERTIFICATE
	TYPE C REEMPLOYMENT (1-YEA	AR) CER	TIFICATE
	Department of Education & Early Devel	opment	, Teacher Education and Certification

REQUIREMENTS

ALL RE	QUIREMENTS LISTED BELOW MUST BE <u>COMPLETED</u> IN ORDER TO QUALIFY FOR THE <u>TYPE C REGULAR</u> CERTIFICATE
	BACHELOR'S DEGREE OR HIGHER, FROM A REGIONALLY ACCREDITED INSTITUTION. Official transcripts reflecting all coursework and degree(s) must be included with the application. OR- MASTER'S DEGREE OR HIGHER, FROM A REGIONALLY ACCREDITED INSTITUTION. A master's degree or higher in the endorsement area is required for all School Psychologists and Speech, Language, or Hearing endorsements. Official transcripts reflecting all coursework and degree(s) must be included with the application.
	SPECIAL SERVICE AREA PROGRAM OFFERED BY A REGIONALLY ACCREDITED INSTITUTION. The preparing institution must sign and endorse the Institutional Recommendation, indicating standards. The original Institutional Recommendation must be included with the application.
	SIX SEMESTER HOURS OF CREDIT WITHIN THE FIVE YEARS IMMEDIATELY PRECEDING THE APPLICATION. Official transcripts reflecting at least 6 semester hours (or 9 quarter hours) of credit earned within the previous five years must be included with the application.
	ALASKA STUDIES COURSEWORK Official transcripts reflecting 3 semester hours of APPROVED Alaska Studies coursework must be included with the application. To view a list of all approved courses, visit www.eed.state.ak.us/TeacherCertification/Approvedcourses.html
	MULTICULTURAL/CROSS-CULTURAL COMMUNICATIONS COURSEWORK Official transcripts reflecting 3 semester hours of APPROVED Multicultural/Cross-cultural Communications coursework must be included with the application. To view a list of all approved courses, visit www.eed.state.ak.us/TeacherCertification/Approvedcourses.html
ALL RE	QUIREMENTS LISTED BELOW MUST BE <u>COMPLETED</u> IN ORDER TO QUALIFY FOR THE <u>TYPE C PROVISIONAL</u> CERTIFICATE
-	BACHELOR'S DEGREE OR HIGHER, FROM A REGIONALLY ACCREDITED INSTITUTION. Official transcripts reflecting all coursework and degree(s) must be included with the application. OR-
	MASTER'S DEGREE OR HIGHER, FROM A REGIONALLY ACCREDITED INSTITUTION. A master's degree or higher in the endorsement area is required for all School Psychologists and Speech, Language, or Hearing endorsements. Official transcripts reflecting all coursework and degree(s) must be included with the application.
	SPECIAL SERVICE AREA PROGRAM OFFERED BY A REGIONALLY ACCREDITED INSTITUTION. The preparing institution must sign and endorse the Institutional Recommendation, indicating standards. The original Institutional Recommendation must be included with the application.

ALL R	EQUIREMENTS LISTED BELOW MU	ST BE <u>COMPLETED</u> IN OF	RDER T	O QUALIFY FOR THE <u>TYPE C REE</u>	<u>MPLOYMENT</u> CERTIFICATE	
	PREVIOUS TYPE C CERTIFICATE A copy of the expired certificate					
				ERTIFICATE WILL BE THE SAME A		<u> YPE C</u>
				certificates to previously certi- ion must contain the same endors		:her's
REQ	UESTED ENDORSEM	ENTS				=
	LL REQUESTED ENDORSEMENTS, (DER YOUR REQUEST WHEN ANALY				ICATION ANALYST WILL	
	ARE APPLYING FOR A TYPE C REED TYPE C CERTIFICATE.	MPLOYMENT CERTIFICATE	, THE E	ENDORSEMENTS WILL BE THE SAM	ME AS THOSE ON YOUR	
	CONTENT AREA	GRADE LEVEL(S)		CONTENT AREA	GRADE LEVEL(S)	
(SAI	MPLE) SCHOOL PSYCHOLOGIST	K-12	3			
1			4			
2			5			
						_
NOT	ARIZATION					
STATE	OF DATE			I CERTIFY UNDER PENALTY OF P STATEMENTS MADE BY ME IN TH AND CORRECT TO THE BEST OF	IIS APPLICATION ARE TRUE	T
(NAME OF APPLICANT) APPEARE	D BEFORE ME WHOSE		ACKNOWLEDGE THAT I HAVE RE THE STATE OF ALASKA CODE (AD AND WILL ADHERE TO	, 1
IDENTI	FICATION I HAVE VERIFIED ON TH	HE BASIS OF (TYPE OF PHOTO)	ID)	EDUCATION PROFESSION. THOOFFICIAL RECORD.		
	THE SIGNER OF THIS APPLICATIO WLEDGED THAT HE/SHE SIGNED					
(SIGNATU	IRE OF NOTARY)			SIGNATURE OF	- APPLICANT	
MY CO	MMISSION EXPIRES:					
	OTARY IS NOT AVAILABLE, A P ESS, DATE STAMP AND SIGN TH			DAT	Ē	

_	_	_		~		_	_			•
-	_	_	•		-	-				
	_	_	_	•		_	$\boldsymbol{-}$	v	LE	

THE TOTAL FEE FOR TYPE C CERTIFICATION IS \$185.00. YOU MAY PAY WITH A CASHIER'S CHECK (PAYABLE TO EED), MONEY ORDER, OR CREDIT CARD (VISA OR MASTERCARD). FEES ARE NON-REFUNDABLE. **DEBIT CARDS OF ANY KIND WILL NOT BE ACCEPTED.**NO PERSONAL CHECKS WILL BE ACCEPTED.

1	8 5 0 0
AMOUN	NT CONTRACTOR OF THE CONTRACTO
CREDI	T CARD NUMBER -
NAME	ON CREDIT CARD CARDHOLDER'S SIGNATURE
CHE	CKLIST
	UST INCLUDE ALL OF THE FOLLOWING ITEMS IN A SINGLE APPLICATION PACKET. IF ANY ITEM IS MISSING, THE ENTIRE CATION PACKET WILL BE RETURNED, UNPROCESSED. PLEASE CONFIRM WITH EACH CHECKBOX, THAT EACH ITEM IS INCLUDED.
	COMPLETE TYPE C APPLICATION
	The application must be mailed to the Teacher Certification office at the address below. Photocopies/faxes will not be accepted.
	SIGNATURE AND NOTARIZATION The 'NOTARIZATION' section of the application must be completed by all applicants.
	A Notary Public or a Postmaster must witness and verify your signature with a signature and stamp/seal.
	APPLICATION FEES The application fee is \$125. The fingerprint processing fee is \$60. Submit a total fee of \$185. Fees are non-refundable. NO PERSONAL CHECKS WILL BE ACCEPTED.
	FINGERPRINT CARD 1 FBI Applicant fingerprint card (Form FD-258) is required for ALL Type C applications. If you cannot obtain the fingerprint card locally, call or email Teacher Certification to request a card be sent to you.
	OFFICIAL TRANSCRIPTS Official transcripts of all academic work must be included with the application. Unofficial, photocopied, or faxed transcripts will not be accepted. OFFICIAL TRANSCRIPTS MAY BE OPENED, BUT NOT MARKED ON IN ANY WAY.
	ORIGINAL INSTITUTIONAL RECOMMENDATION An original Institutional Recommendation must be included with this application. Photocopies/faxes will not be accepted. Required for all Type C applications EXCEPT for the Type C Reemployment certificate.
ADDIT	IONAL REQUIREMENTS FOR THE SCHOOL PSYCHOLOGIST ENDORSEMENT
	You must hold a master's or higher degree with a major emphasis in school psychology or educational psychology.
	INSTITUTIONAL RECOMMENDATION The original Institutional Recommendation must show completion of an approved School Psychology program from a regionally accredited university.
ADDIT	IONAL REQUIREMENTS FOR SPEECH, LANGUAGE OR HEARING ENDORSEMENTS
	INSTITUTIONAL RECOMMENDATION The original Institutional Recommendation must show completion of an approved Speech/language or hearing program from a regionally accredited university. The program must meet NCATE or ASHA standards.
	You must hold a master's or higher degree with a major emphasis in speech-language pathology, audiology, or speech-language

and hearing science.



APPLICANT 1	INFOR	MATION											
THIS SECTION IS TO ARE TO BE COMPLETE	BE COMPLE	TED BY THE API					LLEGE,	/UNIVI	ERSITY	. ALL	OTHER	R SEC	TIONS
LAST NAME	FI	RST NAME	<u> </u>	MIDDLE	INITIAL		SOCIA	AL SEC	CURITY	NUMB	ER		
STREET ADDRESS OR	P.O. BOX				CITY			STA	TE	ZIP (CODE		
THE REMAINING SECT	TIONS ARE	TO BE COMPLET	TED BY THE PREI	PARINO	G INSTITUTIO	N'S SO	CHOOL	OF ED	UCATIO	ON, <u>NC</u>)T THE	E APP	LICANT.
COLLEGE/UN	IIVERS	SITY INFO	ORMATIO	N									
ALASKA CERTIFIES SEPROGRAMS. PLEASE: PROGRAM WHICH MEI DNLY ON THE COMPLE OUR STATE'S REQUI THIS FORM IF THE A HAS NOT COMPLETE	SIGN THIS ETS YOUR S ETION OF A REMENTS F APPLICAN ED THE AP	FORM ONLY IF TO STATE'S STAND, APPROVED UNIVERSITY OF CERTIFICATE HAS ONLY MEROVED PROGET	THE CANDIDATE ARDS FOR CERT ERSITY PROGRA TON AND ENDOF ET YOUR STATE GRAM. DEVIATIO	HAS (IFICAT MS. RSEME E'S RE	COMPLETED A ION. ALL EN NTS MAY VAR EQUIREMENT OM YOUR INS	N <u>UNIV</u> DORSE RY FRO TS FOR	MENTS MYOUR CERT	TY SPE S LISTI R APPE TIFICA APPRO	ECIAL SI ED ON T ROVED ATION OVED PR	ERVIC THIS F PROGI OR EN	ES PRE FORM N RAM. I NDORS	PARA UST DO N SEME BE	TION BE BASI OT SIG NT, BUT
PROGRAM ST			IALE ON UNIVER	SITY L	DEGRE						JMENT	ATION	l.
SPECIFY WHICH STAN			OGRAM MEETS:		PLEASE SPE					_	OGRAN	M COI	ирі ЕТЕГ
☐ NCATE					_	_				LD III	001011		
☐ STATE STANDARD☐ STATE STANDARD				A.T.F.	□ B.ED □ BS	□ м □ м		☐ EI					
I STATE STANDARD NASDTEC	S FROM AN	I NON-NCATE PA	AKTNEKSHIP STA	AIE	☐ BS	М	_			EE/CE	RTIFIC	CATIO	N ONLY
NASP						М	.ED	O 0	THER _				_
☐ APA ☐ ASHA													
			011	1									
ENDORSEME	NT INI	FORMATI	ON										
THIS INSTITUTION VE DEFINED ABOVE) IN T STANDARDS REQUIRE	THE AREAS	LISTED BELOW	. IN ADDITION	N, THE	INSTITUTION								
PLEASE REFER TO THI INCLUDED ON THE AT PLEASE CONTACT TEA	TACHED LI	ST OF ENDORS	EMENTS. IF THE	LIST	OF ENDORSE								
CONTENT AREA	<u>A</u>	GRADE LEVEL(S)	YEAR OF		<u>CON</u>	TENT A	AREA			RADE VEL(S			EAR OI
1					4								
2					_								
2					5								



LAST NAME FIRST NAME MIDDLE INITIAL SOCIAL SECURITY NUMBER SIGNATURE NAME OF INSTITUTION CITY STATE REGIONAL ACCREDITING ASSOCIATION SIGNATURE OF DEAN OR CERTIFYING OFFICIAL PRINTED NAME TITLE DATE PHONE NUMBER FAX NUMBER	APPLICANT II	NFORM	1AT	ION																	-
NAME OF INSTITUTION CITY STATE REGIONAL ACCREDITING ASSOCIATION SIGNATURE OF DEAN OR CERTIFYING OFFICIAL PRINTED NAME TITLE DATE	LAST NAME	FIR	ST NA	ME			M	IIDDLI	E INI	TIAL			SOC	CIAL S	SECUI	RITY	NUM	BER			
REGIONAL ACCREDITING ASSOCIATION SIGNATURE OF DEAN OR CERTIFYING OFFICIAL PRINTED NAME TITLE DATE	SIGNATURE																				-
SIGNATURE OF DEAN OR CERTIFYING OFFICIAL PRINTED NAME TITLE DATE	NAME OF INSTITUTION							CI	TY					_	STA	TE					
	REGIONAL ACCREDITIN	G ASSOCIA	ATION	l					<u>—</u>												
	SIGNATURE OF DEAN O	R CERTIFY	ING C	FFICIAL	_	PRINT	ED N	AME				-	TITLE					_	DA	ГЕ	
PHONE NUMBER PAX NUMBER			_					FAV	NILINA	DED	-				-						
	PHONE NUMBER		Τ				1	FAX	NUMI	BEK							1	1			Т
EMAIL ADDRESS	EMAIL ADDRESS															<u> </u>					
	COLLEGE STAMP OF SE																				

PLEASE RETURN THE INSTITUTIONAL RECOMMENDATION TO THE <u>APPLICANT</u>. PHOTOCOPIES/FAXES WILL NOT BE ACCEPTED.



SPECIAL SERVICES ENDORSEMENTS

SCHOOL COUNSELOR
GUIDANCE AND COUNSELING

SCHOOL LIBRARIAN LIBRARY SCIENCE MEDIA SPECIALIST

SCHOOL NURSE NURSING

SCHOOL PSYCHOLOGIST SCHOOL PSYCHOMETRIST EDUCATIONAL DIAGNOSTICIAN

SCHOOL SOCIAL WORK

SPEECH/LANGUAGE PATHOLOGY SPEECH PATHOLOGY AUDIOLOGY SPEECH AND HEARING SPEECH THERAPY

OCCUPATIONAL THERAPY PHYSICAL THERAPY ORIENTATION AND MOBILITY

GRADE LEVELS

BIRTH – GRADE 3	GRADES K-3	GRADES 5-8	GRADES 7-10	GRADES 9-12
PRE K – GRADE 3	GRADES K-5	GRADES 5-12	GRADES 7-12	
PRE K - GRADE 12	GRADES K-8			
	GRADES K-12			